

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
CLM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLM	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	42	←		←		←	TOTAL DEP.				
TOTAL CLAIMS	47						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS